

## **Owner Certification**

The Section 8 Rental Assistance Program, through the Department of Housing and Urban Development, (HUD) requires public housing agencies to verify several things in relation to Landlords/Owners participating in the program.

For your convenience, and to assist our staff, we are requiring landlords/owners to certify to the following:

*(Please initial each item)*

- \_\_\_\_\_ The landlord/owner of the assisted unit is not a relative of any member of the assisted household. This includes adults and children.
- \_\_\_\_\_ The landlord/owner is not required to register as a sexual or violent offender.
- \_\_\_\_\_ The landlord/owner has not engaged in any drug-related or violent criminal activity.
- \_\_\_\_\_ The landlord/owner does not live, and will not live, in the unit while it is assisted.
- \_\_\_\_\_ The landlord/owner is the legal owner of the property or the authorized agent of the legal owner and is not subleasing it.
- \_\_\_\_\_ The landlord/owner will not establish "side deals" with the tenant.
- \_\_\_\_\_ The landlord/owner will require the tenant to pay their portion of the rent, monthly, according to the Housing Assistance Payment Contract.
- \_\_\_\_\_ The landlord/owner will notify MDOC immediately if household composition changes (unauthorized persons), or if unit is vacated.
- \_\_\_\_\_ The landlord/owner will notify MDOC of any lease violations by providing a copy of notice sent to tenant to MDOC.
- \_\_\_\_\_ The landlord/owner has not been disbarred from participating in federal programs.
- \_\_\_\_\_ The landlord/owner does not have any unpaid state or local real estate taxes, fines, or assessments.

This form was completed by:      ☐ Owner      ☐ Property Manager      ☐ Other

\_\_\_\_\_  
Landlord/Owner (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date Completed & Signed